

**LOCAL BANKRUPTCY FORM NO. 5  
IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

IN RE )  
 ) Case No. 17-24124 JAD  
John A. DeFillip, ) Chapter 13  
Debtor ) Docket No.  
 )  
John A. DeFillip, )  
Movant )  
 )  
Vs. )  
 )  
No Respondents )

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

*Specify reason for amendment.* The Debtor is amending Schedules I and J to reflect his current income and expenses.

Voluntary Petition.  
 Official Form 6 Schedules (Itemization of Changes Must be Specified)  
 Summary of Schedules  
 Schedule A – Real Property  
 Schedule B - Personal Property  
 Schedule C – Property Claimed as Exempt  
 Schedule D – Creditors holding Secured Claims }  
Check one:  
 Creditor(s) added  
 NO creditor(s) added  
 Creditor(s) deleted  
 Schedule E – Creditors Holding Unsecured Priority Claims  
Check one:  
 Creditor(s) added  
 NO creditor(s) added  
 Creditor(s) deleted  
 Schedule F – Creditors Holding Unsecured Nonpriority Claims  
Check one:  
 Creditor(s) added  
 NO creditor(s) added  
 Creditor(s) deleted  
 Schedule G – Executory Contracts and Unexpired Leases

Check one:

Creditor(s) added  
 NO creditor(s) added  
 Creditor(s) deleted

Schedule H – Codebtors  
 Schedule I - Current Income of Individual Debtor(s)  
 Schedule J- Current Expenditures of Individual Debtor(s)  
 Statement of Financial Affairs  
 Chapter 7 Individual Debtor's Statement of Intention  
 Chapter 11 List of Equity Security Holders  
 Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims  
 Disclosure of Compensation of Attorney for Debtor  
 Other:

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case and to entities affected by the amendment as follows:

Ronda J. Winnecur, Trustee  
Suite 3250, USX Tower  
600 Grant Street  
Pittsburgh, PA 15219

Office of the United States Trustee  
Suite 970, Liberty Center  
1001 Liberty Avenue  
Pittsburgh, PA 15222

Date: August 21, 2019

/s/ Julie Frazee Steidl  
Julie Frazee Steidl, Esquire  
Attorney for the Debtor

STEIDL & STEINBERG  
Suite 2830 – Gulf Tower  
707 Grant Street  
Pittsburgh, PA 15219  
(412) 391-8000  
PA I.D. No. 35937  
[Julie.Steidl@steidl-steinberg.com](mailto:Julie.Steidl@steidl-steinberg.com)

Fill in this information to identify your case:

Debtor 1 John A. DeFillip  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA  
Case number 17-24124  
(If known)

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

## Official Form 106I

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

Employer's name

unemployed

Employer's address

NJ

How long employed there?

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  
3. Estimate and list monthly overtime pay.  
4. Calculate gross income. Add line 2 + line 3.

2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 John A. DeFillip

Case number (if known)

17-24124

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>	
<b>Copy line 4 here</b>	<b>4. \$ 0.00</b>	<b>\$ N/A</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 0.00	\$ N/A	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ N/A	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ N/A	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ N/A	
5e. <b>Insurance</b>	5e. \$ 0.00	\$ N/A	
5f. <b>Domestic support obligations</b>	5f. \$ 0.00	\$ N/A	
5g. <b>Union dues</b>	5g. \$ 0.00	\$ N/A	
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ 0.00	+ \$ N/A	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A	
8b. <b>Interest and dividends</b>	8b. \$ 0.00	\$ N/A	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A	
8d. <b>Unemployment compensation</b>	8d. \$ 1,063.00	\$ N/A	
8e. <b>Social Security</b>	8e. \$ 0.00	\$ N/A	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N/A	
8g. <b>Pension or retirement income</b>	8g. \$ 0.00	\$ N/A	
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ 0.00	+ \$ N/A	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 1,063.00	\$ N/A	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,063.00	+ \$ N/A	= \$ 1,063.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,063.00		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <b>Debtor seperated from his employment 7/8/19. This schedule refelecs unemployment. Debtor is job searching</b>			

Fill in this information to identify your case:

Debtor 1	<b>John A. DeFillip</b>
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA
Case number	<b>17-24124</b>
(If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.  Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **600.00**

#### Your expenses

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>0.00</b>
4c. \$	<b>80.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 John A. DeFillip

Case number (if known) 17-24124

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>100.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>400.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>50.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>25.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>225.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>75.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>1,755.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>1,755.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>1,755.00</u>	
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>1,063.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,755.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-692.00</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	